State of Idaho

Ben Ysursa

Phone: (208) 334-2852 Fax: (208) 334-2282

LOBBYIST ANNUAL REPORT FORM

To Be Filed By:

LOBBYISTS

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(Sec. 67-6619) Secretary of State (Type or print clearly in black ink) See instructions at bottom of page Period covered Lobbyist's name and permanent business address Date prepared year ending STEVE BECKHAM 1/4/2006 LIBERTY MUTUAL (Mo.) (Day) (Yr.) P. O. BOX 4555 12 31 2005 PORTLAND, OREGON 97208-4555 Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Category of Expenditure Proportionate amounts contributed by each employer (Identify employers, under Reimbursed Personal Living and Travel Total Amount for Item 3, at bottom of page.) Expenses Pertaining to Lobbying Activity All Employers Employer No. 1 Do Not Have to be Reported Employer No. 2 Employer No. 3 Employer No. 4 Entertainment 0.00 Food and Refreshment 0.00 Living Accommodations 0.00 Advertising Travel 0.00 0.00 Telephone 0.00 Other Expenses or Services 0.00 0.00 0.00 0.00 0.00 "When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Item 2 Names of Legislators & Public Officials in Group Place Amount Continued on attached page(s) Item Employer(s) Name(s) and Address(cs) INSTRUCTIONS No.1 LIBERTY MUTUAL, P.O. BOX 4555 Who should file this form: Any lobbyist registered under Section PORTLAND, OREGON 97208-4555 67-6617 Idaho Code. Filing deadline: Annual report is due on January 31st. No.2 TO BE FILED WITH: Ben Yeursa No.3 Secretary of State PO Box 83720 Boise, 1D 83720-0080

No.4

Item	Expenditures made by the lobbyist or by the lobbyists employer in the nature of contributions of money or other tangible or interpersonal property to any Legislator, or for or on behalf of any legislator.								
•		ate	Amount		Nume of Legislator Receiving or Benefited				
item 5	or He	et matter of proposed legislation, the number of the Senate buse Bill, Resolution or other legislative activity in which obbyist was supporting or opposing.			LEGISLATIVE SUBJECT IDENTIFICATION Code Subject Cade Subject				
Cubias	<u> </u>		solution or Other		01	Agriculture, horrisulture,	17	Health service, medicine, drugs	
(from	(Code		ive Ident. Number	and Section Number	l	farming, and livestock		and controlled submances, health	
20			HB 41		02	Amusements, games, athletics and sports	18	insurance, bospitals Higher education	
20			HB 49		03	Banking, finance, credit and	19	Housing, construction, codes	
20		I	HB 52		04	investments Children, minors, youth,	20	Insurance (excluding health insurance)	
20			HB 53			senior citizens	21	Labor, salaries and wages,	
20			HB 54		05	Church and religion Consumer affairs	22	collective bargaining	
20		l	HB 63		1	Boology, environment, pollution,		judges, crimes, prisons	
20		ı	HB 102		l	conservation, zoning, land and water use	23 24	License, permits Liquor	
20		í	HB 111		98		25	Manufacturing, distribution and	
20	'	'	thru		09	Elections, compaigns, voting, political parties	26	Services	
20			HB 120		10		26	Natural resources, forest and forest products, fisheries, mining	
20		1	HB 141		١.,	minority affairs	-27	and mining products	
20			HB 160		111	Government, financing, sucusion, revenue; budget,	27 26	Public lands, parks, recreation Social insurance, unemployment	
20			HB 331		12	appropriations, bids, locs, funds		insurance, public assistance,	
20			SB 1027		13	Government, county Government, federal	29	workmon's compensation Transportation, highways,	
20		1	SB 1027		14	Government, municipal	30	streets and roads	
20			SB 1030		16	Government, special districts Government, state	39	Utilities, communications, felovisions, pudio, newspaper,	
20			SB 1058		1		1	power, CATV, gas	
			SB 1059			\times / \sim	7	Other (please specify)	
20			SB 1063		1		/	1	
20		l	SB 1067		<	10.01		1 = 1 = 5	
20			SB 1092		`	Jane Jane		1-24-06	
20		ı	SB 1093		ł	Lobbyist signature		Date	
20		1	SB 1158		!	•			
		`	32 7,00			Employer No. 1 signature		Date	
						Employer No. 2 signature	·	Date	
				sbove is a true, complete and		Employer No. 3 signature		Date	
correct statement in accordance with Section 67-6624 Idaho Code.						Employer No. 4 signature		Date	